

**RESPONSE TO REQUEST THAT CLAIM BE ASSIGNED FOR
HEARING**

IC File # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employer FEIN _____

Employee's Name _____			Employer's Name _____ () _____ Telephone Number _____		
Address _____			Employer's Address _____ City _____ State _____ Zip _____		
City _____	State _____	Zip _____	Insurance Carrier _____		
() _____	() _____		Carrier's Address _____ City _____ State _____ Zip _____		
Home Telephone _____	Work Telephone _____		() _____ () _____		
Social Security Number _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____	Carrier's Telephone Number _____ Fax Number _____		

In response to the Request for Hearing filed we have been unable to agree to the benefits claimed because (state reason with specificity):

_____**DEFENDANT AGREES TO THE FOLLOWING:****Compensability Denied**

Subject to Act: _____
 Employment relationship: _____
 Insurance coverage: _____
 Date of injury: _____
 Injury by accident _____
 Arising out of and in the course of employment: _____
 Occupational disease _____
 Average weekly wage \$ _____
 Other: _____

Compensability Admitted

Form 21 approved on: _____
 Form 60 approved on: _____
 Temp. total paid from: _____
 to _____
 Temp. partial paid from: _____
 to _____
 Perm. partial paid from: _____
 to _____
 for _____ % ppd of _____
 Form 26 approved on: _____
 Form 24 approved on: _____
 Form 28B filed on: _____
 Other: _____
 Part of body: _____

City and county wherein injury occurred: _____
 Estimated length of hearing: _____

MAIL TO:

NCIC – DOCKETS SECTION
4336 MAIL SERVICE CENTER
RALEIGH, NC 27699-4336
MAIN TELEPHONE: (919) 807-2500
OMBUDSMAN: (800) 688-8349

Below is a list of names and addresses of all witnesses, including doctors, whose testimony is to be taken by the undersigned. Doctors outside the county of hearing are not required to attend this hearing.

NAME	ADDRESS
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When a date of hearing is set, I respectfully request the Commission to send me signed subpoenas for my witnesses. When I receive these subpoenas, I will deliver them to the Sheriff of the county or counties in which each witness resides so that the subpoenas may be served.

<hr/>	<hr/>
(Signature)	Title
<hr/>	
(Address: street and number, city, state and zip)	
<hr/>	
(Date)	

Note: A copy of this form must be sent to opposing parties. The original of this form must be sent to the Industrial Commission at the address below:

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